

FILED OCT 23 1940

Registration District No. _____

Primary Registration District No. **5965**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County **Randolph**
(b) City or town **Clifton Township**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **30**
(Specify whether in this community years, months or days) **20 1/2**

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO** (b) County **Randolph**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME **JOHN CLARK NAYLOR**
3. (b) If veteran name war _____
3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Sept** day **19th** year **1940** hour **about 8** minute _____ A. M.
21. I hereby certify that I attended the deceased from **Coroner Case** 19____ to _____ 19____
that I last saw h_____ alive on _____ 19____ and that death occurred on the date and hour stated above.

4. Sex **M** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Julia** 6. (c) Age of husband or wife if alive **72** years
7. Birth date of deceased **Jan 19 61**
(Month) (Day) (Year)

Immediate cause of death **struck by auto** Duration _____
Injuries were left open broken ribs, right leg broken, right arm broken, right hand broken, right foot broken, right side paralyzed and a laceration of ribs broken
Due to _____

8. AGE: Years **79** Months **8** Days **0**
If less than one day hr. _____ min. _____

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations **x**
Of autopsy **x**

9. Birthplace **Randolph** (City, town, or county) (State or foreign country)
10. Usual occupation **Farming**

MOTHER FATHER
12. Name **John Benton Clark**
13. Birthplace **Missouri** (City, town, or county) (State or foreign country)
14. Maiden name **Malinda F. Clifton**
15. Birthplace **Missouri** (City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Jesse W. Adams**
(b) Address **Salisbury MO**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Sept 20 1940**
(Month) (Day) (Year)
(c) Place: burial or cremation **Clifton Hill**
18. (a) Signature of funeral director **Tom B. Patton**
(b) Address **Huntsville MO**
19. (a) **Oct 10 - 40** (Data received local registrar) (b) **A. Bradaker** (Registrar's signature) **650**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Accident**
(b) Date of occurrence **Sept - 19 - 1940**
(c) Where did injury occur? **on Clifton Hill, Randolph, Mo**
(City or town) (County) (State)
(d) Did injury occur in or about home on farm, in industrial place, in public place?
On state road 43 north of Clifton
While at work? **No** (Specify type of place) (e) Means of injury **struck by auto**
23. Signature **D. J. Shrader** (M. D. or other) **+ coroner**
Address **2 Noble, Mo.** Date signed **9-19-40**

RECEIVED

District Health Officer No. 10

District File Number 10-40-1948

Date Filed OCT 18 1940

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville, TN

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.